

## **ALABAMA MEDICAID AGENCY** PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency will use a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs and, generics (with the exception of extended release amphetamine-dextroamphetamine, atovaquone, budesonide inhalation solution, buprenorphine products, carisoprodol products, clonidine patches, extended release clonidine, extended release dexmethylphenidate, extended release guanfacine, immediate release dexmethylphenidate, diazepam rectal kit, lidocaine topical patch, lindane, modafinil, omeprazole-sodium bicarbonate, and tobramycin inhalation solution) and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

**Antihistamines** 

First Generation

All covered generics

Anti-infective Agents

All covered generics

All covered generics

Bethkis Tobi\* All covered generics (generic tobramycin

inh soln requires a PA)

Anthelmintics

All covered generics

All covered generics

All covered generics Antituberculosis Ad

All covered generics

All covered generics

All covered generics

All covered generics

PeaIntron

All covered generics

All covered generics Miscellaneous Antibacterials

All covered generics

Miscellaneous Antimycobacterials

All covered generics

Miscellaneous Antiprotozoals

Mepron\* All covered generics (generic atovaquone

oral suspension requires a PA)
Miscellaneous Antivirals

All covered generics

Miscellaneous B-Lactams

All covered generics

Neuraminidase Inhibitors

Relenza† Tamiflu† All covered generics

Nucleosides and Nucleotides

All covered generics

All covered generics

All covered generics Sulfonamides

All covered generics

All covered generics

y Anti-infectives All covered generics

**Behavioral Health** 

Aricept ODT\*

All covered generics

All covered generics

Anxiolytics/Sedatives/Hypnotics: Barbiturates

All covered generics

Anxiolytics/Sedatives/Hypnotics

Diastat\* Diastat Acudial\* All covered generics (generic diazepam rectal kit requires a PA) Behavioral Health (continued)

Anxiolytics/Sedatives/Hypnotics: Miscellaneous

All covered generics

Cerebral Stimulants/Agents for ADD/ADHD-Short and Intermediate Acting

Focalin\* Ritalin\*

All covered generics (generic dexmethylphenidate

IR requires a PA)

Cerebral Stimulants/Agents for ADD/ADHD-

Long Acting

Adderall XR\* Focalin XR<sup>3</sup> Intuniv\* Kapvay\* Strattera Vyvanše

All covered generics (generic amphetamine-dextroamphetamine ER, dexmethylphenidate ER,

and clonidine ER require a PA) Wakefulness Promoting Agents

Provigil\*

All covered generics (generic modafinil requires a

Cardiovascular Health

All covered generics

Alpha-Adrenergic Blocking Agents All covered generics

Angiotensin II Rec eptor Antagonists

All covered generics

All covered generics

Coumadin

All covered generics

Adrenergic Blocking Agents

All covered generics
Calcium-Channel Blocking Agents

All covered generics

Cardiotonic Agents

All covered generics

Central Alpha-Agonist Catapres-TTS\*

All covered generics (generic clonidine patches requires a PA)

Nitrostat

Direct Vasodilators

All covered generics

All covered generics

Mineralocorticoid (Aldosterone) Receptor Antagonists All covered generics

Miscellaneous Cardiac Drugs All covered generics

Nitro-Bid

All covered generics neral Adrenergic Inhibitor

All covered generics

Platelet-Aggregation Inhibitors

All covered generics Renin Inhibitors

All covered generics

Bile Acid Sequestrants All covered generics

All covered generics

All covered generics
HMG-CoA Reductase Inhibitors

All covered generics

Miscellaneous Antilipemic Agents Niacor

All covered generics

Diabetic Agents Alpha-Glucosidase Inhibitors

All covered generics

All covered generics

All covered generics

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors Janumet Janumet XR Jentadeuto Januvia

Onglyza

Kombiglyze XR Tradjenta

All covered generics Incretin Mimetics

All covered generics

Lantus Lantus Solostar Novolog Mix 70-30 Novolog

All covered generics and OTCs

Meglitinides

Prandin\*

All covered generics Sodium-glucose Cotransport 2 Inhibitors

All covered generics

Sulfonvlureas

All covered generics

Thiazolidinediones Actos\*

All covered generics

**EENT Preparations** 

ergic Agents Bepreve Pataday

All covered generics

Antibacte Cipro HC

Bactroban Nasal Ciprodex

All covered generics

Intranasal Corticosteroids ONASI

Nasonex QNASL Children

All covered generics

All covered generics

Gastrointestinal Agents
5-HT<sub>3</sub> Receptor Antagonis

All covered generics **Antihistamine Antiemetics** 

All covered generics

Miscellaneous Antiemetics All covered generics

Proton-Pump Inhibitors All covered generics (generic sodium bicarbonate omeprazole

requires a PA)

**Genitourinary Agents** nitourinary Smooth Muscle Relaxants Oxytrol

All covered generics

**Hormones and Synthetic Substitutes** 

All covered generics

Pain Management/Autonomic Agents Centrally Acting Skeletal Muscle Relaxar All covered generics (generic

carisoprodol products require a PA) **Direct-Acting Skeletal Muscle Relaxants** All covered generics

Skeletal Muscle Relaxants All covered generics

Pain Management/Autonomic Agents (continued)

Miscellaneous Skeletal Muscle Relaxants

All covered generics

Opiate Agonists All covered generics

Opiate Partial Agonists

All covered generics (generic buprenorphine products require a PA) Selective Serotonin Agonists All covered generics

Respiratory

Atrovent HFA Spiriva Handihaler

All covered generics Inhaled Mast-Cell Stabilizers

All covered generics

Leukotriene Modifiers All covered generics

Orally Inhaled Corticosteroids

Aerospan Asmanex Twisthaler

Dulera Pulmicort Respules\* QVAR

All covered generics (generic budesonide inh

soln requires a PA)
Respiratory Beta-Adrenergic Agonists

Anoro Ellipta Combivent Respimat ProAir HFA Proventil HFA

Serevent Diskus

All covered generics Respiratory Smooth Muscle Relaxants

All covered generics

Skin and Mucous Membrane Agents

All covered generics

Mentax

All covered generics

Capex Shampoo All covered generics

Antipruritics and Local Anesthetics

Lidoderm\* All covered generics (generic lidocaine topical

patch requires a PA)

**Antivirals** Zovirax (cream)

All covered generics

All covered generics Keratolytic Agents

All covered generics Keratoplastic Agent

All covered generics

Miscellaneous Local Anti-infectives All covered generics

Misc Skin and Mucous Membrane Agents Elidel

All covered generics Scabicides and Pediculicides

Ulesfia Sklice All covered generics (generic lindane requires

a PA) Women's Health

> Menest Premarin (tabs only)

All covered generics Prenatal Vitamins Provida DHA

All covered generics

Effective 01/01/2016